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555255-012-115

Receipt
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WRITER'S DIRECT NUMBER:

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November 27, 2000

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231



I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, Washington, D.C. 20231 on 11-27-2000

By: Deborah A. Satoran

RE: Request for Correction of Filing Receipt Data
Applicant: Michael Maguire
SYSTEM AND METHOD FOR ABBREVIATING INFORMATION
SENT TO A VIEWING DEVICE
Serial No. 09/624,285 Filed July 24, 2000

Dear Sir:

Applicant respectfully requests correction of the filing receipt data for the above-identified patent application to read as follows:

Please correct **Applicant(s)** to read as follows:

Michael Maguire, Kitchener, CANADA

We have enclosed a copy of the first page of Declaration And Power of Attorney for your reference. A copy of the filing receipt with the corrections noted thereon is also enclosed.

If you require any additional information, please contact me immediately at 216-586-7762. Thank you for your prompt attention to this matter. The Commissioner is hereby authorized to charge any fees which may be required by this paper to Deposit Account No. 501432, Order No. 555255012115.

Very truly yours,

Deborah A. Satoran

Deborah A. Satoran
Patent and Trademark Assistant

Attachments: first page of Declaration and Power of Attorney
Copy of Filing Receipt

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/624,285	07/24/2000	2776	916	555255012115	3	21	4

David B Cochran Esq
Jones Day Reavis & Pogue
North Point
901 Lakeside Avenue
Cleveland, OH 44114

**FILING RECEIPT**

OC000000005519940

Date Mailed: 10/31/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **KITCHENER**
Michael Maguire, Ontario, CANADA;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 09/13/2000

Title

System and method for abbreviating information sent to a viewing device

Preliminary Class

707

JDRP

NOV 06 2000

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Data entry by : DIXON, DOROTHY

Team : OIPE

Date: 10/31/2000





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Bib Data Sheet

SERIAL NUMBER 09/624,285	FILING DATE 07/24/2000 RULE -	CLASS 707	GROUP ART UNIT 2776 2176	ATTORNEY DOCKET NO. 555255012115
APPLICANTS Michael Maguire, Kitchener, CANADA;				
** CONTINUING DATA ***** None				
** FOREIGN APPLICATIONS ***** None				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 21
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS David B Cochran Esq Jones Day Reavis & Pogue North Point 901 Lakeside Avenue Cleveland ,OH 44114				
TITLE System and method for abbreviating information sent to a viewing device				
FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				